



**Proof of Child/Dependent : 2016-2017**

We have reviewed your Free Application for Federal Student Aid (FAFSA) and find that we need additional information.

You indicated on your 2016-2017 FAFSA that you are under the age of 24 **and** that you have a child who will receive more than half of their support from you between July 1, 2016 and June 30, 2017 **and** your total family annual income is less than \$**15,000**, which is the federal poverty income threshold. Your income does not appear to be sufficient enough to support you and your child/children for the 2016-2017 academic year or a calendar year. (Note: Having a child, paying child support or having someone live with you does not necessarily mean that you provide **more than** half of their support as required by the FAFSA)

If you are unable to provide appropriate documentation demonstrating you provide more than half of the support for your child, please correct your FAFSA at [www.fafsa.gov](http://www.fafsa.gov). Question #51 will need to be changed to "no" which will change your dependency status and you will be required to provide parent financial information on the FAFSA.

A determination of your dependency status will be made upon review of this form. This decision is final and is not appealable.

_____	_____	_____	_____
Student Name (Last)	(First)	(MI)	Student ID Number
_____		_____	_____
Name of student's dependent		age	Relationship to Student

**Details of Support**

1) Where are you currently living? \_\_\_ own home \_\_\_ with parent(s)  
*Other* \_\_\_\_\_

2) Where is your child currently living? \_\_\_ with you the student \_\_\_ with the student's parent(s)  
*Other* \_\_\_\_\_

3) Will your child live with you while you attend Missouri S&T? \_\_\_ Yes \_\_\_ No  
*If no, where and who will your child live with?* \_\_\_\_\_

4) Do you pay childcare costs for your child? \_\_\_ Yes \$\_\_\_\_\_/month \_\_\_ No  
*If yes, who do you pay (attach proof of payment)* \_\_\_\_\_

5) Do you provide medical coverage for your child? \_\_\_ Yes \_\_\_ No  
*If yes, provide a copy of the medical card and copy of monthly payment invoice*  
*If no, who provides medical coverage?* \_\_\_\_\_

6) Do you receive child support for your child?  Yes \$\_\_\_\_\_/month  No  
*If yes, submit supporting documentation*

7) Do you pay child support for your child?  Yes \$\_\_\_\_\_/month  No  
*If yes, submit supporting documentation*

8) Do any of your (or your dependent's) relatives provide you financial support?  Yes  No  
*If yes, who provides the support and how much per month? \_\_\_\_\_*

9) Do you or your child (or other dependents) receive any other type of assistance or benefits?  
(ex. Social security, retirement, welfare, etc.)  Yes \$\_\_\_\_\_/month  No  
*If yes, who receives the assistance? \_\_\_\_\_*  
*Type of Assistance: \_\_\_\_\_*

10) Did someone else claim you as a dependent on their 2015 Federal tax return?  Yes  No  
*If yes, who claimed you? \_\_\_\_\_*

11) Did someone else claim your child on a 2015 Federal tax return?  Yes  No  
*If yes, who claimed the child? \_\_\_\_\_*

12) Will you claim yourself on your 2016 Federal tax return?  Yes  No  
*If no, explain why? \_\_\_\_\_*

13) Will you claim your child (or other dependent) on your 2016 Federal tax return?  Yes  No  
*If no, explain why? \_\_\_\_\_*

14) Are you currently employed?  Yes  No  
*If yes, submit a copy of your most recent pay stub and 2015 federal tax return transcript.*  
*If no, provide the following household monthly living expenses which are billed in your name. Attach a statement indicating how you provide for each of these expenses.*

Housing (mortgage, rent, other)	\$ _____	
Utilities (electricity, gas, water)	\$ _____	
Food	\$ _____	
Phone/Cable	\$ _____	
Transportation (Insurance, gas, car pymt)	\$ _____	Monthly Total \$ _____

If the legal dependent is your child, you must submit a copy of the child's official birth certificate from the Bureau of Vital Statistics for the state in which the child was born along with any legal documents which provide information on the child's financial and living circumstances.

**Certification:**

**I hereby certify that all information contained in this document, including supporting documentation, is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, I may be fined, imprisoned or both.**

\_\_\_\_\_  
**Students Signature**

\_\_\_\_\_  
**Date**

Student ID: \_\_\_\_\_

Please submit this documentation and all other documents requested to our office as soon as possible so that we may continue the processing of your financial aid. Federal regulations require that we collect this documentation before we can disburse aid. If you have any questions, please contact the Student Financial Assistance Office at (573) 341-4282

**Return this form and documentation to:**

Student Financial Assistance

300 W. 13<sup>th</sup> Street

G-1 Parker Hall

Rolla, MO 65409-0250

(You may also scan and e-mail documents to [sfa@mst.edu](mailto:sfa@mst.edu) or fax to 573-341-4274)